

Roles for Pediatricians in Bullying Prevention and Intervention

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.

There are a number of ways pediatricians can play a role in bullying prevention and effective intervention. This tip sheet includes ideas to engage colleagues, parents and families. Pediatricians also can be a resource on the issue of bullying for local schools, community leaders and the media.

Challenging Roles in Prevention

Early intervention in detecting risk behaviors by young adolescents is an essential starting point. Reversing the behavior patterns of intimidation, exclusion, and bullying that threaten our youth, however, will take more than individual approaches. It will take community-wide strategies and nontraditional approaches to prevention to change social cultures that tend to accept, or at least tolerate, bullying behaviors.

Promote Early Detection and Effective Intervention

- Ask screening questions during wellness exams and patient visits, such as:
 - » I'd like to hear about how school is going. How many good friends do you have in school?
 - » Do you ever feel afraid to go to school? Why?
 - » Do other kids ever bully you at school, in your neighborhood, or online? Who bullies you? When and where does it happen? What do they say or do?
 - » What do you do if you see other kids being bullied?
 - » Who can you go to for help if you or someone you know is being bullied?

- Gently probe about being bullied when a child has an unusual new onset of school phobia, attention problems, or psychosomatic conditions.
- Routinely monitor for and intervene quickly when risk factors are evident for children who bully and those who are bullied.
 - » Pay particular attention to special populations that are at higher risk.
- Assist families/parents and caregivers in detecting and responding to signs of bullying and in accessing support and resources.

Advocate for Effective Bullying Prevention and Intervention

- Join with colleagues and organize the implementation of anti-bullying policies and practices to dispel misconceptions about bullying and promote effective practices in your community.
- Convene multidisciplinary, community-based coalitions to improve coordination in the assessment, intake, and referral of children for treatment, counseling, and other community services (see Commission for Prevention of Youth Violence 2000 report).

Ideas to Engage Colleagues

Pediatricians can be crucial in helping to identify and stop bullying. Organize grand rounds or a CME workshop that focuses on bullying prevention. Consider inviting a local expert in youth bullying and a representative from a local school or school district.

Ideas to Engage Parents and Families

One of the best ways to stop or prevent bullying is for adults to be educated about, and sensitive to, the issue. Parent and family involvement is critical to preventing bullying. Teaching and modeling respect for others and rejecting intolerance will go a long way to reducing the likelihood that children will bully.

- Provide materials on bullying and bullying prevention. Distribute appropriate research-based information during office visits and any other parent/family-related events.
- Include an article on bullying prevention in the next edition of your practice newsletter or include a series of bullying prevention tips over multiple editions.

Be a Resource to Your Local Schools

- Talk to your PTAs or PTOs. Perhaps they'd be willing to send materials to their mailing lists, email or pass out materials at their local events. Ask them if they would include a statement about bullying prevention in their next newsletter or on their website. Offer to speak at Back to School or Family Night about bullying prevention.
- Talk with school administrators. Many schools implement bullying prevention programs and welcome engagement by community members. Other schools without comprehensive programs could benefit from your knowledge about child development and best practices in bullying prevention. Seek

out administrators at schools in your community to learn what efforts they have in place and find out how you can help.

Be a Resource for the Media

Pediatricians are respected and knowledgeable resources trusted by the community. You can be a resource and get to know your local media. You may have different opportunities to speak with the media; members of the media are always looking for human interest stories.

It's smart to keep a couple of key points in mind:

- Be prepared.
- Check if your state has a law addressing bullying.
- Be sure you have not caught the reporter at a time they can't talk (on deadline).
- Craft your talking points using information from www.stopbullying.gov.
- Speak naturally and clearly.
- Be honest and helpful.
- Everything you say to a reporter may be used in their story.

About Bullying

There are three types of bullying:

Verbal bullying is saying or writing mean things. Verbal bullying includes:

- Teasing
- Name-calling
- Inappropriate sexual comments
- Taunting
- Threatening to cause harm

Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Social bullying includes:

- Leaving someone out on purpose
- Telling other children not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public

Physical bullying involves hurting a person's body or possessions. Physical bullying includes:

- Hitting/kicking/pinching
- Spitting
- Tripping/pushing

- Taking or breaking someone's things
- Making mean or rude hand gestures

There is no single cause of bullying among children. Rather, individual, family, peer, school, and community factors can place a child or youth at risk for bullying his or her peers.

Effects of Bullying

Bullying can be a sign of other serious antisocial and violent behavior. Youth who frequently bully their peers are more likely than others to:

- Abuse alcohol and other drugs in adolescence and as adults
- Get into fights, vandalize property, and drop out of school
- Engage in early sexual activity

- Have criminal convictions and traffic citations as adults
- Be abusive toward their romantic partners, spouses, or children as adults

Youth who are the targets of bullying behavior may experience

- Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.
- Health complaints
- Decreased academic achievement-GPA and standardized test scores-and school participation. They are more likely to miss, skip, or drop out of school.

References and Resources

The **American Academy of Pediatrics** 2009 Policy Statement "Role of the Pediatrician in Youth Violence Prevention" (<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;124/1/393>) identifies primary and secondary prevention strategies for addressing youth violence, including bullying. "Bullying. It's not OK" is a brochure available through the AAP program *Connected Kids: Safe, Strong and Secure* (www.aap.org/connectedkids).

The **Commission for the Prevention of Youth Violence**, consisting of nine of the nation's largest medical and mental health associations, issued a commitment from medicine, nursing, and public health in a December 2000 report entitled, *Medicine, Nursing, and Public Health: Connecting the dots to prevent violence* (<http://www.ama-assn.org/ama/upload/mm/386/fullreport.pdf>)

Nansel, T.R., Overpeck, M.D., Haynie, D.L., Ruan, W.J., & Scheidt, P.C. (2003). Relationships between bullying and violence among US youth. *Archives of Pediatric Adolescent Medicine*, 157, 348-353.